PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifica	ed below or directed oth	ng the Patent, advance of nerwise in Block 1, by (orders and notification of n (a) specifying a new corres	pondence address;	Il be mailed to the current and/or (b) indicating a sep	t correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bi	ock 1 for any change of address)	Fee(Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
74029	7590 09/22	/2008			ficate of Mailing or Trans	emission	
	Group nter Drive, Suite 21: onga, CA 91730-380		State addr	reby certify that this es Postal Service wi ressed to the Mail	Fee(s) Transmittal is bein	g deposited with the United st class mail in an envelope above, or being facsimile	
						(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/711,495 09/21/2004		,	Terry M. Olkin		65003.300901 5494		
		CTING SPOOFED HYP			,		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE			
nonprovisional	YES	\$720	\$300	\$ 0	\$1020	12/22/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
CHAI, LONGBIT 213I			713-176000				
FR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Patent Venture Group 2 Raymond E. Roberts 3				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	pe)			
PLEASE NOTE: Unl recordation as set fort	less an assignee is ident h in 37 CFR 3.I1. Com	ified below, no assignee pletion of this form is NC	e data will appear on the pa OT a substitute for filing an	atent. If an assignee assignment.	e is identified below, the d	locument has been filed for	
(A) NAME OF ASSIG			(B) RESIDENCE: (CITY	and STATE OR CO	DUNTRY)		
Proofpo	oint, Inc.		Sunnyvale,	Californi	a		
Please check the appropr	iate assignee category or	categories (will not be p	printed on the patent): \Box	Individual ^X KCor	poration or other private gr	oup entity 🗖 Government	
la. The following fee(s) : X XX _{Issue} Fee	are submitted:	4	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.				
XXX Publication Fee (N			XXX Payment by credit car				
XXX Advance Order - #	# of Copies	3	☐ The Director is hereby overpayment, to Depo		e the required fee(s), any de (enclose a	eficiency, or credit any an extra copy of this form).	
	tus (from status indicate s SMALL ENTITY state		b. Applicant is no long	ger claiming SMALI	L ENTITY status. See 37 C	FR 1.27(g)(2).	
NOTE: The 1ssue Fee and nterest as shown by the i	d Publication Fee (if req records of the United Sta	uired) will not be accepted tes Patent and Trademar	ed from anyone other than t k Office.	he applicant; a regist	ered attorney or agent; or the	he assignee or other party in	
Authorized Signature	/Raymond	E. Roberts/		Date	10/23/2008		
Typed or printed name Raymond E. Roberts				Registration No	38,597		
ın application. Confiden	tiality is governed by 35	U.S.C. 122 and 37 CFR	ion is required to obtain or r 1.1.4. This collection is est y depending upon the indiv	imated to take 12 m	inutes to complete, includii	d by the USPTO to process) ng gathering, preparing, and me you require to complete	

submitting the complete application form to the USF LO. Think will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.